

## APPLICATION DATA SHEET

### Application Information

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Sequence submission?::	Yes
Computer Readable Format (CRF)?::	
Number of copies of CRF::	
Title::	ANTIBODY DIVERSITY GENERATION
Attorney Docket Number::	0241us320
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	0
Small Entity::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Given Name::	Erik
Middle Name::	
Family Name::	Karrer
City of Residence::	Fremont
State or Province of Residence::	California
Country of Residence::	United States

Street of mailing address:: 47024 Palo Amarillo Dr.  
City of mailing address:: Fremont  
State or Province of  
mailing address:: California  
Country of mailing address:: United States  
Postal or Zip Code of mailing  
address:: 94539

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Given Name:: Steven  
Middle Name:: H.  
Family Name:: Bass  
City of Residence:: Hillsborough  
State or Province of  
Residence:: California  
Country of Residence:: United States  
Street of mailing address:: 950 Parrott Drive  
City of mailing address:: Hillsborough  
State or Province of  
mailing address:: California  
Country of mailing address:: United States  
Postal or Zip Code of mailing  
address:: 94010

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Given Name:: Robert  
Middle Name::  
Family Name:: Whalen

City of Residence:: Foster City  
State or Province of  
Residence:: California  
Country of Residence:: United States  
Street of mailing address:: 845 Chrysopolis Drive  
City of mailing address:: Foster City  
State or Province of  
mailing address:: California  
Country of mailing address:: United States  
Postal or Zip Code of mailing  
address:: 94404

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Given Name:: Philip  
Middle Name:: A.  
Family Name:: Patten  
City of Residence:: Portola Valley  
State or Province of  
Residence:: California  
Country of Residence:: United States  
Street of mailing address:: 261 La Cuesta Drive  
City of mailing address:: Portola Valley  
State or Province of  
mailing address:: California  
Country of mailing address:: United States  
Postal or Zip Code of mailing  
address:: 94028

**Correspondence Information**

Correspondence Customer

Number:: 30560

**Representative Information**

Representative Customer	30560
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/704,469	11/01/00
09/704,469	An application claiming benefit under 35 USC 119(e)	60/176,002	01/12/00
09/704,469	An application claiming benefit under 35 USC 119(e)	60/163,370	11/03/99

**Assignee Information**

Assignee Name:: Maxygen, Inc.